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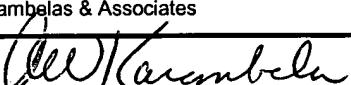
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	23	Attorney Docket Number	YR0-25
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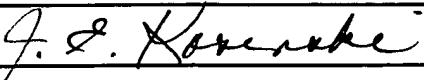
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-2038 Credit Card Payment Form; Return Receipt Postcard	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Karambelas & Associates		
Signature			
Printed name	A. W. Karambelas		
Date	March 1, 2005	Reg. No.	25,657

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	J. E. Kosinski	Date	March 1, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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2665
DWR

PATENT
YR0-25

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Robert A. Wiedeman et al
Serial No.: 09/841,862
Filed: April 25, 2001
For: User Terminal Employing Quality of Service Path
Determination and Bandwidth Saving Mode for a
Satellite ISP System Using Non-Geosynchronous
Orbit Satellites

: Date: March 1, 2005.
: Group Art Unit: 2665
: Examiner: Daniel J. Ryman
:
:
:
:

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below:
 A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.
 1 sheet of replacement drawing(s) enclosed.
 An Information Disclosure Statement is enclosed.
 Credit Card Payment Form PTO-2038 is enclosed.

CLAIMS AS AMENDED

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL TOTAL
Total Claims	<u>14</u> minus <u>24</u>	= <u>0</u>	X \$ 50.00 =	\$ 0.00
Independent Claims	<u>4</u> minus <u>6</u>	= <u>0</u>	X \$200.00 =	\$ 0.00
Multiple Dependent Claims		<u>0</u>	X \$360.00 =	\$ 0.00
TOTAL ADDITIONAL FEES FOR THIS AMENDMENT				\$ 0.00
SUBMISSION OF IDS FEE				\$180.00

This form is submitted in duplicate.

Respectfully submitted,

Anthony W. Karambelas
Reg. No. 25,657

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